

**FORM INSP**  
Rev 05/11

**State of Colorado**  
**Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date: 06/21/2016  
Document Number: 668004527  
Overall Inspection: SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                    |                    |                          |
|---------------------|---------------|---------------|--------------------|--------------------|--------------------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:    | On-Site Inspection | <input type="checkbox"/> |
|                     | <u>297109</u> | <u>324577</u> | <u>DURAN, JOHN</u> | 2A Doc Num:        |                          |

**Operator Information:**

|                       |   |
|-----------------------|---|
| OGCC Operator Number: | <u>10467</u>                                      |
| Name of Operator:     | <u>TABULA RASA ENERGY LLC</u>                     |
| Address:              | <u>12012 WICKCHESTER LANE #660</u>                |
| City:                 | <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</u> |

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

| Contact Name  | Phone                     | Email                | Comment          |
|---------------|---------------------------|----------------------|------------------|
| Falk, Brandon | 719-742-6900/719-989-7130 | bfalk@tabularasa.com | Plant Supervisor |

**Compliance Summary:**

| QtrQtr: <u>NENW</u> |           | Sec: <u>9</u> |             | Twp: <u>29S</u>               |          | Range: <u>69W</u> |                 |
|---------------------|-----------|---------------|-------------|-------------------------------|----------|-------------------|-----------------|
| Insp. Date          | Doc Num   | Insp. Type    | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F)    | Violation (Y/N) |
| 12/22/2015          | 668004030 | PR            | PR          | SATISFACTORY                  |          |                   | No              |
| 07/29/2015          | 668003624 | PR            | PR          | SATISFACTORY                  |          |                   | No              |
| 06/25/2015          | 678300245 | PR            | EI          | <b>ACTION REQUIRED</b>        |          |                   | No              |
| 07/16/2014          | 668002341 | PR            | PR          | SATISFACTORY                  | P        |                   | No              |
| 11/06/2012          | 668200293 | PR            | PR          | SATISFACTORY                  |          |                   | No              |
| 08/10/2011          | 200319957 | PR            | PR          | SATISFACTORY                  |          |                   | No              |
| 05/10/2011          | 200310201 | PR            | PR          | <b>ACTION REQUIRED</b>        |          |                   | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 297109      | WELL | PR     | 07/01/2011  | GW         | 055-06301 | COUGAR 1A     | PR <input checked="" type="checkbox"/> |

**Equipment:**

Location Inventory

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____   | Wells: _____        | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: _____     | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____    | LACT Unit: _____    | Pump Jacks: _____       |
| Electric Generators: _____   | Gas Pipeline: _____    | Oil Pipeline: _____ | Water Pipeline: _____   |
| Gas Compressors: _____       | VOC Combustor: _____   | Oil Tanks: _____    | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____ | Flare: _____        | Fuel Tanks: _____       |

| <b>Location</b>  |                              |                               |                   |                      |
|--|------------------------------|-------------------------------|-------------------|----------------------|
| <b>Lease Road:</b>   |                              |                               |                   |                      |
| Type   | Satisfactory/Action Required | comment                       | Corrective Action | Date                 |
|  |                              |                               |                   |                      |
| <b>Signs/Marker:</b>   |                              |                               |                   |                      |
| Type   | Satisfactory/Action Required | Comment                       | Corrective Action | CA Date              |
| WELLHEAD   | SATISFACTORY                 |                               |                   |                      |
| Emergency Contact Number (S/AR): <u>SATISFACTORY</u> <span style="float: right;">Corrective Date: _____</span> |                              |                               |                   |                      |
| Comment: _____   |                              |                               |                   |                      |
| Corrective Action: _____   |                              |                               |                   |                      |
| <b>Good Housekeeping:</b>  |                              |                               |                   |                      |
| Type   | Satisfactory/Action Required | Comment                       | Corrective Action | CA Date              |
|  |                              |                               |                   |                      |
| <b>Spills:</b>   |                              |                               |                   |                      |
| Type   | Area                         | Volume                        | Corrective action | CA Date              |
| <input type="checkbox"/> Multiple Spills and Releases?   |                              |                               |                   |                      |
| <b>Fencing/:</b>   |                              |                               |                   |                      |
| Type   | Satisfactory/Action Required | Comment                       | Corrective Action | CA Date              |
|  |                              |                               |                   |                      |
| <b>Equipment:</b>  |                              |                               |                   |                      |
| Type:  | #                            | Satisfactory/Action Required: |                   |                      |
| Comment  |                              |                               |                   |                      |
| Corrective Action  |                              |                               |                   | Date:                |
| <b>Venting:</b>  |                              |                               |                   |                      |
| Yes/No   |                              |                               |                   |                      |
| Comment  |                              |                               |                   |                      |
| <b>Flaring:</b>  |                              |                               |                   |                      |
| Type   | Satisfactory/Action Required |                               |                   |                      |
| Comment:   |                              |                               |                   |                      |
| Corrective Action:   |                              |                               |                   | Correct Action Date: |
|  |                              |                               |                   |                      |

**Predrill**

Location ID: 297109

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

S/AR: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

S/AR: \_\_\_\_\_ Comment: \_\_\_\_\_

CA: \_\_\_\_\_ Date: \_\_\_\_\_

**Wildlife BMPs:**

S/AR: \_\_\_\_\_ Comment: \_\_\_\_\_

CA: \_\_\_\_\_ Date: \_\_\_\_\_

Comment: \_\_\_\_\_

**Staking:**

**On Site Inspection (305):**

Surface Owner Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_ Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

LGD Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

Summary of Landowner Issues:

\_\_\_\_\_

Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

\_\_\_\_\_

**Facility**

Facility ID: 297109 Type: WELL API Number: 055-06301 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**Environmental**

**Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Proximity to Surface Water: \_\_\_\_\_ Depth to Ground Water: \_\_\_\_\_

|   |                   |             |      |
|---|-------------------|-------------|------|
| <b>Water Well:</b>  |                   | Lat         | Long |
| DWR Receipt Num: _____  | Owner Name: _____ | GPS : _____ |      |
| <b>Field Parameters:</b>  |                   |             |      |
|   |                   |             |      |
| Sample Location: _____  |                   |             |      |
|   |                   |             |      |
| Emission Control Burner (ECB): _____                            |                   |             |      |
| Comment: _____  |                   |             |      |
| Pilot: _____ Wildlife Protection Devices (fired vessels): _____ |                   |             |      |

**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

Comment: \_\_\_\_\_

1003a. Waste and Debris removed? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_

Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

**RESTORATION AND REVEGETATION**Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment: \_\_\_\_\_

Overall Interim Reclamation \_\_\_\_\_

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Reminder: \_\_\_\_\_

Comment: \_\_\_\_\_

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded \_\_\_\_\_ Contoured \_\_\_\_\_ Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_ Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_ Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_ Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_ Subsidence \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_ Well Release on Active Location  Multi-Well Location

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_  
Y \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment  | User   | Date       |
|--|--------|------------|
| Well site is also equipment and pipe storage yard. | duranj | 06/22/2016 |